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**MOTOROLA**

**FAX TRANSMITTAL SHEET**

Motorola, Inc.  
Intellectual Property Section  
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Horsham, PA 19044

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Number of Pages (including this page)

Date: March 22, 2006  
To: Examiner: Jamieson W. Fish  
Art Unit: 2617  
Location: United States Patent and Trademark Office  
Fax No.: 571-273-8300  
From: Attorney: Robert P. Marley Reg. No. 32,914  
Subject: Serial No. 09/802,421 Filed: 3/09/2001 Docket No. D02478

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**MESSAGE:**

Enclosed herewith, please find Response of Non-Compliant Amendment dated March 8, 2006, and fee papers from previous response for filing in the above-identified case.

**PLEASE GIVE THESE PAPERS TO:**

EXAMINER:	Jamieson W. Fish
GROUP ART UNIT:	2617
ATTORNEY DOCKET NO.:	D02478

MAR 22 2006

Docket No.: D02478

## UNITED STATES PATENT AND TRADEMARK OFFICE

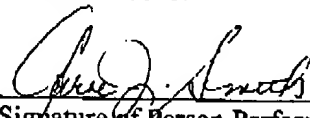
APPLICANT(S) Petr Peterka GROUP ART UNIT: 2617  
APPLN. NO.: 09/802,421 EXAMINER: Jamieson W. Fish  
FILED: March 9, 2001  
TITLE: SCALABLE PAY-BY-TIME TECHNIQUE FOR SECURE  
MULTICAST DISTRIBUTION OF STREAMING CONTENT

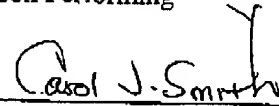
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Certificate of Transmittal

Date of transmission: March 22, 2006

I hereby certify that this paper was sent to  
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Transmission

  
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MAR 22 2006

Effective on 12/06/2004 Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818)		<b>Complete if Known</b>				
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number		09/802,421		
		Filing Date		March 9, 2001		
		First Named Inventor		Petr Peterka		
		Examiner Name		Jamieson W. Fish		
		Group Art Unit		2617		
		Attorney Docket No.		D02478		
TOTAL AMOUNT OF PAYMENT <b>(\$ 910)</b>						
<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <b>502117</b> Deposit Account Name: <b>MOTOROLA, INC.</b> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
<b>FEE CALCULATION</b>						
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>						
FILING FEES		SEARCH FEES		EXAMINATION FEES		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	
Design	200	100	100	50	130	
Plant	200	100	300	150	160	
Reissue	300	150	500	250	600	
Provisional	200	100	0	0	0	
					Fees Paid (\$)	
					_____	
					_____	
					_____	
					_____	
					_____	
<b>2. EXCESS CLAIM FEES</b>						
<b>Fee Description</b> Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Total Claims    Extra Claims    Fee (\$)    Fee Paid (\$)					Fee (\$) 50 200 360	Small Entity Fee (\$) 25 100 180
HP=highest number of total claims paid for, if greater than 20					Multiple Dependent Claims Fee (\$) Fee Paid (\$)	_____ _____
Indep. Claims    Extra Claims    Fee (\$)    Fee Paid (\$)					_____ _____	_____ _____
HP=highest number of independent claims paid for, if greater than 3					_____ _____	_____ _____
<b>3. APPLICATION SIZE FEE:</b> If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(s).						
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof (round up to a whole number)	Fee (\$)	Fee Paid (\$)		
_____ - 100 =	_____ / 50 =	_____ x	_____	_____	_____	
<b>4. OTHER FEE(S)</b>						
Petition for 1 Mo Extension of Time RCE					\$120 \$790	Fee Paid (\$) _____
<b>SUBMITTED BY</b>			Complete (if applicable)			
Name (Print/Type)	Robert P. Marley		Registration No.	32,914	Telephone	
Signature	_____		Date	February 28, 2006		

**RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT**

MS Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Notice of Non-Compliant Amendment dated March 8, 2006, please amend the above-identified U.S. patent application as follows: